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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

ADDRESS (number and allevel) PO BOX 159 CITY, STATE, and ZIP CODE TX 75979 2. NAME OF CANDIDATE BRIAN BABIN BRIAN BABIN NO, THIS IS A NEW FILING VES, IT AMENDS THE NOTICE FILED ON A FULL NAME, MAILING ADDRESS AND ZIP CODE DATE OCCUPATION Transaction ID : F6.6241 Cocupation Description Cocupation Date (month, day, year) Date (month, day, year) Amount day, year) Amount day, year) Amount day, year) Cocupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE	NAME OF COMMITTEE IN FULL DR BRIAN BABIN FOR CONGRESS]			
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